

# 2023-24 MHIF Application Form

## Form Preview

### Application Form: Metropolitan Health Infrastructure Fund 2023-24

\* indicates a required field

Submissions close on 27 September 2023 at 5:00 PM.

#### Health Service or Agency Type \*

- Aboriginal Community Controlled Health Organisation
- Metropolitan Health Service
- Registered Community Health Service

No more than 1 choice may be selected.

Aboriginal Community Controlled Health Organisation

#### Applicant Organisation Name \*

Community Health Organisation

#### Applicant Organisation Name \*

Metropolitan Health Service

#### Applicant Organisation Name \*

Health Service or Agency Details

#### Please confirm the Applicant Organisation Name exactly as above. \*

Organisation Name

#### Applicant Organisation ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status

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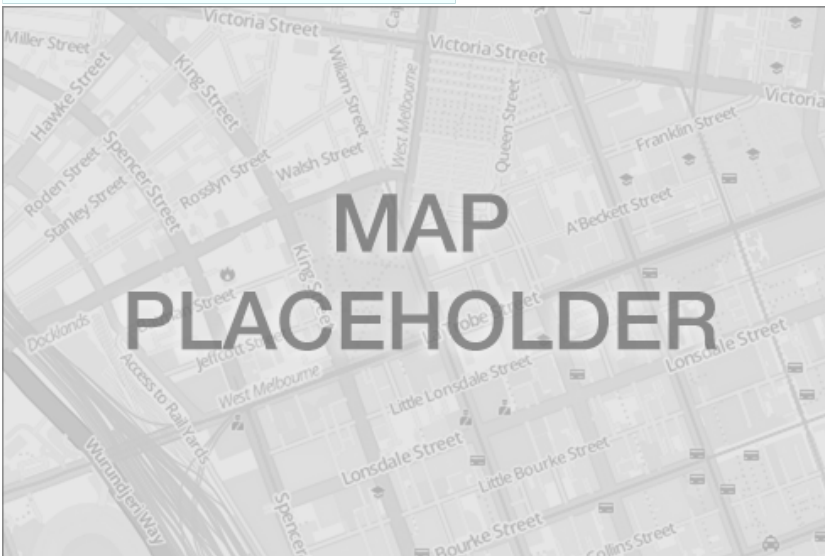
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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

### Organisation's Primary Address (Head Office / Main Campus) \*

Address

Full Address of Head Office in organisation that operates from multiple offices.

### Name of Department / Campus / Facility to which this submission relates \*

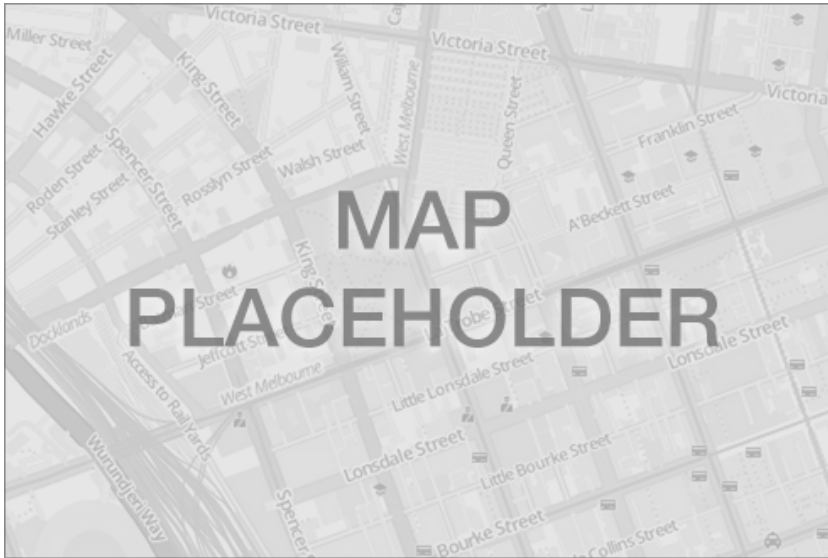
Examples: Emergency Department; Ward 2; Building name; Campus name; Name of Residential Aged Care facility; Hospital name.

### Address of Department / Campus / Facility to which the submission relates \*

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Local Government Area (LGA) \*

### Is this property: \*

- Owner Occupied
- Leased from Department of Health

## Aboriginal Community Controlled Health Organisation

\* indicates a required field

Project Details: Description of the Project / Request for Funding

### Project Title \*

### What is the issue or problem, and why is funding required? \*

### What existing infrastructure will be fixed/repaired/replaced? \*

i.e. what will funding be used for? E.g. roof repair, air-conditioning upgrade, consulting room upgrades, dental facility upgrade.

### What is the risk and impact to the health service if funding is not provided? \*

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i.e. risk to or impact on clients, delivery of health services, delivery of quality care, accreditation, health and safety, staff wellbeing and/or productivity

### Project Timeline: Indicative dates for the delivery of the project

**Project commencement date \***

Must be a date and between 1/1/2024 and 30/6/2024.

**Project completion date \***

Must be a date and no earlier than 1/1/2024.

### Project Cost: Indicative cost to deliver the project

**Cost range \***

- \$0 - \$100,000
- \$100,000 - \$200,000
- \$200,000 - \$300,000

### Other commentary

Use this section to provide any further commentary to support your submission.

### Upload Supporting Documentation

- No detailed documentation is required for this submission. However, if supporting documentation or evidence is readily available, please upload them to support your application. Examples may include: photographs of current conditions, evidence of non-compliance, audit or non-compliance reports, worksafe notices, trade or vendor quotes received, conceptual, sketch or preliminary documentation.

**Please attach relevant documentation**

Attach a file:

## Project Details

\* indicates a required field

### Project Category

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The priority focus for the 2023-24 Metropolitan Health Infrastructure Fund (MHIF) is to assist metropolitan health services and other eligible agencies to address **'highest risks'** inclusive of major medical equipment:

- **Regulatory and Compliance**
- **Quality and Safety (Patient and Staff Safety)**

Below are a few examples of projects that fall under these categories:

### **Regulatory and Compliance**

- Asbestos
- AS4187
- Building Fabric refurbishment (e.g.: bathrooms, client meal preparation)
- Fire detection and suppression

### **Quality and Safety (Patient and Staff Safety)**

- Non-medical items
- Medical / Engineering assets
- Breast screening equipment
- Operating theatre lights and equipment
- Radiotherapy equipment
- Security and duress systems, nurse call
- Infection prevention and Control

### **Which project category does this application relate to? \***

- Regulatory and Compliance
- Quality and Safety

## Application Priority

### **Application Priority \***

- Priority 1
- Priority 2

Maximum of two applications per Metropolitan Health Service for MHIF 2023-24.

## Details of Submission

### **Project / Proposal Title \***

Must be no more than 10 words.

Your title should be short but descriptive. Each proposal requires a separate application form.

### **Basic description of the project (maximum 50 words) \***

Word count:

What is the issue or problem and why is funding required? What existing infrastructure will be fixed/ repaired/replaced? For example: Replace CT scanner to reduce waitlist times and enhance service delivery // Renovate reception and waiting area, and install swipe entry doors to improve safety and amenity for patients and staff // Upgrade of essential facilities and equipment including nurse call

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system, fire detection system, ICT server, floor coverings, patient beds, theatre suction system, and washer disinfectant.

### Project Type \*

- |   |   |
|---|---|
| <input type="checkbox"/> Air conditioners             | <input type="checkbox"/> Fire safety                            |
| <input type="checkbox"/> New Construction             | <input type="checkbox"/> Information & Communication Technology |
| <input type="checkbox"/> Refurbishment                | <input type="checkbox"/> Nurse Call / Duress Alarm              |
| <input type="checkbox"/> DDA & Universal Access Works | <input type="checkbox"/> Security                               |
| <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Tracks/Hoists                          |
| <input type="checkbox"/> Equipment (Plant)            | <input type="checkbox"/> Portable duress alarms                 |
| <input type="checkbox"/> Equipment (Medical)          | <input type="checkbox"/> Infection Prevention and Control       |

Please refer to Metropolitan Health Infrastructure Fund page <https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>

### What is the risk and impact to the health service if funding is not provided? \*

What is the risk that needs to be addressed for which you require funding? Note, MHIF23-24 funding is focused on addressing highest risks across health services. What is the impact on your health service if this risk is not addressed, e.g. patients staff safety, compliance?

### Risk evidence \*

Attach a file:

Please provide evidence that demonstrates the nature, urgency and likelihood of the risk, e.g. existing worksafe notices, near miss reports, evidence of failures, IPC findings and/or reports.

### Describe the current gap against the compliance with the Regulation / Standard / Guideline / Royal Commission Recommendation \*

How long have you been non-compliant and what has the impact been? Does the project ensure you will be fully compliant, and what evidence will you provide to demonstrate compliance upon completion of this project?

### What does this Information Communication Technology project relate to? \*

- |                                       |                                   |   |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> WiFi Upgrade | <input type="checkbox"/> Hardware | <input type="checkbox"/> Other: <div style="border: 1px solid #ccc; width: 80px; height: 20px; display: inline-block;"></div> |
| <input type="checkbox"/> Software     |                                   |   |

### Key deliverables of the project \*

Word count:

Must be no more than 250 words.

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Please provide a simple, bullet point-style description of the deliverables from the project (eg. Two new consulting rooms including fixtures and fittings). Scoping statements must be supplied. For construction projects, this must include floor areas, greenfield / refurbishment, number of storeys, services requirements, standard of fitout, finishes, FFE etc. For purchases and specialist procurement, equipment types, models, quantities, etc are to be included. These must match the cost plan under the Financial Details section of this application form.

### Expected benefits from the project \*

#### Word count:

Must be no more than 250 words.

• Please describe the benefits that will be delivered by this investment and describe how you intend to measure these benefits.  Improved patient experience quality of care (eg. Improved access to care, Reduced incidence of patient harm, Increased patient satisfaction)  Improved workforce experience and safety (eg. Increased workforce satisfaction, Reduction in health sector job vacancies). Any environment benefits that are expected to be achieved from the investment should be highlighted in the submission, including submissions which are supporting the new government all-electric policy.

### Does this project or proposal require operational funding? \*

- Yes  
 No

i.e. additional staff hired. Note: MHIF 23-24 funding only supports costs associated to deliver the project, not costs associated to run the service once the project has been delivered.

### How will this operational funding be secured? Provide details. \*

### Key dependencies \*

#### Word count:

Must be no more than 100 words.

Please identify any dependencies that may impact your ability to deliver the project or the stated benefits (i.e. availability of operational funding to deliver the service).

### Key project delivery risks \*

Please identify any risks that may impact your ability to deliver the project or service.

## Project Capital Classification

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\*

- >\$2m – Construction
- <\$2m – Construction, and/or Equipment Installation with associated Building Works
- Major Medical Equipment

## Project Readiness

### Current Project Stage \*

- Preliminary - Project Manager & Design Team engagement
- Schematic Design Documentation and Cost Plan
- Detailed Design / Cost Plan Complete
- Contract Documentation / Tender Ready

If selecting , please specify the stage this project is at.

## Preliminary Stage

Have you engaged Architect, Services, Building Surveyor, Town Planner and Quantity Surveyor?

## Statutory Approvals

### Confirm whether the following approvals are required \*

- Planning Permit
- Building Permit
- Not applicable

## Recommended Submission Evidence and Supporting Documentation

Project readiness will be assessed against the documentation requirements outlined in the [MHIF 23-24 Guidelines](#).

### As per the MHIF guidelines, VHBA recommends the following documents to be submitted if available. \*

- Project management plan, outlining: governance and reporting structures, key risk and dependencies which may impact ability to deliver the project, key resources required to deliver the project procurement strategy/approach, implementation schedule.
- Schematic design drawings, conceptual sketch and preliminary documentation.
- Detailed design drawings, documents and technical specifications and supporting consultant reports (i.e. building services) beyond conceptual, sketch or preliminary documentation phase.
- Schematic or detailed cost plan from an independent professional quantity surveyor, which includes acceptable allowances for design, construction contingencies, escalation and cost risk.
- Regulatory approvals (planning, building etc) are in place and conditions able to be satisfied within Total Estimated Investment (TEI).
- Other supporting evidence inclusive of photographs of current conditions, evidence of non-compliance, audit or non-compliance reports, worksafe notices etc.
- Trade or vendor quotes received.
- Other:



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If selecting , please specify the documentation submitted.

### **Attach Supporting Documentation \***

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

## Major Medical Equipment

\* indicates a required field

Assets considered for replacement are existing *single* items to sustain current services only, costing more than \$300,000 (excluding GST).

Major technical upgrades to existing imaging equipment may be considered for funding where the benefits and extension of effective life can be demonstrated.

### Existing equipment details

#### **Hospital/Campus \***

#### **Building (location of the asset) \***

#### **Department (location of the asset) \***

i.e. operating theatre, acute surgical unit.

#### **Type of medical equipment (i.e. CT Scanner, X-Ray) \***

Refer to MHIF 23-24 Guidelines Appendix 2 for eligible medical equipment.

#### **Indicate why the medical equipment requires replacement \***

- Frequent breakdown of asset / interruption of service
- Asset is at the end of effective life
- Spare parts not available / difficult to source
- Asset doesn't comply with current standards (e.g. AS, TGA, Electrical Safety etc.)
- Other:

Please choose one or more answers and provide details in the next section.

#### **Is this equipment: \***

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- Owned
- Leased

### Specific replacement \*

- Existing asset will be decommissioned
- Existing asset will be repurposed (i.e. relocated to another campus)

### Brands, models, serial numbers and year of installation of the existing assets \*

Please list all the equipment that requires replacement.

### Details of repurposing of the existing asset

\*

Describe how the existing asset will be repurposed, where it will be relocated to, and any associated works required to complete the project. How will these be funded?

### Details of the medical equipment required

#### Provide details \*

Provide details about the risks, e.g. 3 breakdowns in the last 12 months leading to 6 weeks interruption of service. Describe consequences of the equipment not being replaced.

#### Have alternative options been considered, such as: service reconfiguration, lease, private provider? \*

- Yes
- No

#### Does this project align with your Clinical Service Plan and Strategic Asset Management Plan? \*

- Yes
- No

#### Equipment availability at other Health Services within the same LGA \*

Can the patient be rerouted to another local Health Service? If existing asset fails, will other health services be able to efficiently satisfy increased demand, i.e. Local hospital has 4 CT scanners and will be able to accommodate additional patients

### Requested asset details

#### Is replacement of the asset like for like? \*

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- Yes (new asset will replace existing, including same location)
- Yes (new asset will require construction works or will be located elsewhere)

### Type of requested medical equipment \*

Please make sure to provide as much detail as possible if the replacement asset is a different type.

### Brands and models of replacement medical equipment \*

Write if not applicable.

### Details of works associated with replacing the asset

\*

Provide details of the construction works required to successfully replace the asset, how these works will be carried out and funded. If the new asset is a different type, provide the rationale behind the replacement.

## Cost Estimates and Financial Details

\* indicates a required field

### Project Costs

#### Total End Project Cost (excluding GST) \*

\$

Must be a whole dollar amount (no cents).

What is the total estimated cost of your project? This includes, but is not limited to building costs, consultant costs, authority costs, FFE, etc.

#### Total amount of MHIF funding requested (excluding GST) \*

\$

Must be a whole dollar amount (no cents) and no more than 4000000.

#### Are you receiving funding from another source for this project? \*

- Yes
- No

Including self-funding of the shortfall.

### Project Costs

#### Total End Project Cost (excluding GST) \*

\$

Must be a dollar amount.

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What is the total estimated cost of your project? This includes, but is not limited to building costs, consultant costs, authority costs, FFE, etc.

**Total amount of MHIF funding requested (excluding GST) \***

\$

Must be a dollar amount and no more than 250000.

**Are you receiving funding from another source for this project? \***

- Yes  
 No

Including self-funding of the shortfall.

**This project has exceeded the funding cap.**

**This project has exceeded the funding cap.**

**Please identify source(s) of additional funding \***

**Please specify amount of additional funding \***

\$

**Have you provided independent cost estimates for this proposal (no older than 3 months)? \***

- Yes - attached  
 No

For construction or refurbishment projects \$0.5M, an independent quantity surveyor cost plan is required. For building services projects include independent services engineers costings.

**Have you provided up to date contactor or supplier quotes (no older than 3 months)? \***

- Yes - attached  
 No

Please attach quotes and/or supporting documentation below.

**Confirm that all installation, and associated infrastructure services and connection or upgrade costs are included? \***

- Yes - attached  
 No

Please attach quotes and/or supporting documentation from a services consultant. For construction and refurbishments, include confirmation (preferably from a services consultant) that building services, such as power, water, Heating Ventilation Air Conditioning (HVAC) services, ICT have sufficient capacity to cater for the new demand.

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### What other costs are expected and how will they be funded? \*

### Does your cost estimate include allowances for any the following?

\*

- |  |  |
|--|--|
| <input type="checkbox"/> Preliminaries & Site Amenities                          | <input type="checkbox"/> Provisional Sums (i.e equipment quotations)                                   |
| <input type="checkbox"/> Builder's Margin  | <input type="checkbox"/> Signage (i.e. emergency, wayfinding)  |
| <input type="checkbox"/> Staff Training (i.e. related to new equipment)          | <input type="checkbox"/> Access (Scaffolding, craneage, etc)   |
| <input type="checkbox"/> Demolition / Removal of existing services or equipment  | <input type="checkbox"/> Out of hours works  |
| <input type="checkbox"/> Landscaping & Fencing                                   | <input type="checkbox"/> Staging & Temporary Works   |
| <input type="checkbox"/> Electrical Capacity Upgrades (i.e switchboards)         | <input type="checkbox"/> Decanting & Relocation (i.e. patients, staff, related equipment and services) |
| <input type="checkbox"/> Mechanical Capacity Upgrades (i.e.switchboard, chiller) | <input type="checkbox"/> Make good allowance (i.e. patching & painting)                                |
| <input type="checkbox"/> Mechanical - New Plant Room                             | <input type="checkbox"/> Hazardous materials   |
| <input type="checkbox"/> Mechanical re-configuration / re-balancing              | <input type="checkbox"/> Asbestos removal  |
| <input type="checkbox"/> Software upgrades & licences                            | <input type="checkbox"/> Latent Conditions   |
| <input type="checkbox"/> FF&E  |  |

Please note that your cost estimate should make allowances for any building services upgrades required (this has often been overlooked in past submissions), as part of your project, e.g. reconfiguration of mechanical and fire services as a result of reconfiguration of consultation rooms.

### Operational impacts / staging requirements / temporary and rental facilities

#### Provide details \*

### Are you seeking funding for Project Management costs in your Total Project Cost Estimate? \*

- Yes  
 No

### If yes, what is the cost estimate? \*

\$

Must be a dollar amount.

#### Provide details \*

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### Contingency

**Please advise the total contingency amount included in your total funding requested \***

\$

It is recommended that contingency is included in your overall project cost.

**Percentage of contingency amount in total funding requested**

This number/amount is calculated.

**Please tick all the levels of contingencies included in your cost estimate \***

- Project contingency
- Design contingency
- Construction contingency allowance
- Escalation allowance (pre-tender)
- Escalation allowance (during construction)
- Not required
- Other:

### Contingency

**Please advise the total contingency amount included in your total funding requested \***

\$

It is recommended that contingency is included in your overall project cost.

**Percentage of contingency amount in total funding requested \***

This number/amount is calculated.

**Please tick all the levels of contingencies included in your cost estimate \***

- Project contingency
- Design contingency
- Construction contingency allowance
- Escalation allowance (pre-tender)
- Escalation allowance (during construction)
- Not required
- Other:

**Please clarify why contingency is not required \***

### Supporting documentation

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Please attach the Independent Cost Plan and/or quotes (i.e. Builder, Supplier), quantity surveyor reports, consultancy estimates (i.e. architect, building services), and any other documentation to support the financial information provided above.

### **Please attach independent cost plan, quotes, and any supporting documentation \***

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

## Project Schedule

\* indicates a required field

Assuming an indicative funding announcement by 31 January 2024, please provide an estimated project schedule for key milestones

Please attach a Gantt chart or project timeline if available.

Note, Milestone 1 is automatically complete once the funding application has been approved and the signed Letter of Acceptance is returned to VHBA

### **Milestone 2 - Completion of Project Plan \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 3 - Completion of Schematic Design and associated Cost Plan \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 4 - Completion of Detailed Design and associated Cost Plan \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 5 - Execution of Construction Contract and/or Purchase Order \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 6 - Completion of Construction \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 7 - Commencement of Operations \***

Must be a date and no earlier than 1/1/2024.

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### **Milestone 8 - Acquittal of the Project \***

Must be a date and no earlier than 1/1/2024.

Assuming an indicative funding announcement by 31 January 2024, please provide an estimated project schedule for key milestones

Please attach a Gantt chart or project timeline if available.

Note, Milestone 1 is automatically complete once the funding application has been approved and the signed Letter of Acceptance is returned to VHBA

### **Milestone 2 - Completion of Project Planning and Tender Documentation \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 3 - Execution of Construction Contract and/or Purchase Order \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 4 - Completion of Construction and Commencement of Operations \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 5 - Acquittal of the Project \***

Must be a date and no earlier than 1/1/2024.

Assuming an indicative funding announcement by 31 January 2024, please provide an estimated project schedule for key milestones

### **Milestone 1 - Execution of Contract and/or Purchase Order \***

Must be a date and no earlier than 1/1/2024.

### **Milestone 2 - Completion and Acquittal of the Project \***

Must be a date and no earlier than 1/1/2024.

## Assessment Criteria

\* indicates a required field

Submissions will be assessed within the project categories (Regulatory and Compliance, Quality and Safety - Patient and Staff Safety, Respond to Growing Demand / Capability).



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Those submissions whose **primary focus** for investment is 'Growing Demand/Capability' will not be eligible.

The following criteria will be applied to assess each submission and will be considered with the supporting evidence provided. Submissions should fully address all criteria. Please refer to MHIF 23-24 Guidelines.

### 1: Strategic Alignment:

- **Alignment with government commitments and policies**
- **Alignment with:**
  - **strategic plan**
  - **statement of priorities**
  - **service plan and master plan (where relevant)**

#### Strategic alignment - weighting 20% \*

Provide a short description of how this proposal aligns with government commitments and policies. Alignment with: Strategic plan, Statement of priorities, Service plan and master plan (where relevant)

### 2: Healthcare quality and safety improvement, addresses one or more of the following:

- **regulatory compliance**
- **standards compliance**
- **patient and staff amenity**
- **safety, quality**
- **risk**

#### Healthcare quality and safety improvement - weighting 70% \*

Provide a description of how this proposal will address one or more of the following: Regulatory compliance, Standards compliance, Patient and staff amenity, Safety Quality, Risk

### 3: Service efficiency and demand pressure, addresses one or more of the following:

- **service capacity (for example, improved service options, reduced service fragmentation)**
- **demand pressure**
- **models of care (for example contemporary models of care / improved services closer to home)**
- **service efficiency of targeted services**

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- **efficiency (for example, new infrastructure, equipment, and technology)**
- **health care improvement to your health service**

### **Service efficiency and demand pressure - weighting 10% \***

Provide a description of how this proposal addresses one or more of the following: Service capacity, Demand pressure, Models of care (e.g. contemporary models of care / improved services closer to home), Service efficiency of targeted services, Efficiency (e.g. new infrastructure, equipment and technology), Health care improvement to your health service. Note: Submissions with a primary focus or benefit relating to growing demand and service capability will not be eligible, however we recommend highlighting any additional service efficiency and demand pressure benefits that will be gained through this investment.

*Responses to the following questions will not be scored but will form part of the formal assessment.*

### **Please use the spaces below to articulate, prove and support your Health Service/ Agency ability to:**

- **successfully deliver the project (Delivery Readiness)**
- **monitor and track progress against the agreed plan, scope and budget (Governance)**

### **Project readiness \***

Project readiness will be assessed by your organisational readiness to implement the project, including key milestones and timeframe for completion. Relevant supporting documentation as outlined in the submission requirements section of this document must be provided. All project dependencies must be listed including their potential impact on the project cost, schedule, scope and benefits. Projects will be assessed as ready, partially ready or not ready.

### **Governance \***

Governance will be assessed through the degree to which the health service/agency governance structures and processes are in place to oversee the proposed project development, implementation, monitoring and reporting. This relates to the governance framework supporting transparency, probity and accountability relating to the delivery of this proposal. Project governance will be assessed as strong, good or inadequate.

### **Have you assigned a person to manage this project? \***

- Yes
- No

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### Please provide Title and Full Name of the Project Lead \*

This person will be the key contact and will be responsible to successfully deliver the project. Please note management fees (internal staff) cannot exceed 1.5% of the total build cost.

### Email address of the Project Lead \*

Must be an email address.

### How do you intend to resource the project \*

What skills and competencies do you need to effectively manage and deliver the project? How do you intend to fund it?

## Supporting documents for assessment criteria

Refer to 'Submission Requirements' on the MHIF Guidelines [here](#).

### Attach supporting documents \*

Attach a file:

File names should clearly indicate criterion number and document title. Individual file size cannot be more than 25MB.

## Approval Certification

\* indicates a required field

### Certification

#### **Privacy**

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. Our [privacy statement](#) is available for viewing.

#### **Certification**

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that the Chief Executive Officer (or equivalent) has endorsed this application and the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

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**I Agree \***

Yes

**CEO / Head of Organisation \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Position title \***

**Email \***

**Phone Number \***

Must be an Australian phone number.

Use area code e.g. (03) 9999 6666 or +61 for mobile.

**Is somebody other than the CEO submitting this application? \***

Yes

No

Please provide details of the person authorised by the CEO to submit this application.

**Name of the person authorised to submit application \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

We may contact you to verify that this application is authorised by the applicant organisation.

**Position title \***

**Email \***

Must be an email address.

**Primary Phone Number \***

Must be an Australian phone number.

Use area code e.g. (03) 9999 6666 or +61 for mobile.

## Applicant Feedback

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Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

- Very Easy     Easy     Neutral     Difficult     Very Difficult

**Approximately how many hours in total did it take to complete this application?**

**Do you have any suggestions for improvements and/or additions to the application process/form that you think VHBA should consider?**